

AMMUNITION, EXPLOSIVES AND DANGEROUS ARTICLES SPECIAL SITUATION REPORT -- AEDA SITREP

REPORTING OFFICIAL and INCIDENT INFORMATION:

Activity: Name of activity making report

Code/Symbol: Activity's code or symbol if available

Date: Date of this report (YY/MM/DD)

Time: Time of this report

Initial Report: Date and/or time of initial report (YY/MM/DD)

Prev. Rpt: Date and/or time of previous reports on this incident (YY/MM/DD)

Name: Name of person submitting report

Pos/Title: Submitter's position/title

Phone No: Submitter's Phone Number (Commercial or DSN)

Status: Status of incident is - **Open / Closed**

SUMMARY COMMENTS REGARDING INCIDENT:

SITREP No.: Situation Report Number, if one is assigned

Type Of Incident: Discovery, Explosion, etc.

Phase: When did incident occur; prior to disposal (**ACTIVE**) or after turn-in (**Disposal**);

Location: Location where incident occurred

Information: Name, Rank, Organization, Phone No. of individual who made initial discovery;
background information

Description Of Discovery and Subsequent Actions: Brief description of what was done

Action Taken: Action Taken by EOD, UXO, Ammunition Specialist, etc.

Injury/Fatality: Number of persons injured or killed

Item: Item name

NSN: National Stock Number of item

Other Information: Other identifying information regarding item

Doc No.: Document Number

Serial/Lot No.: Is item identified to a serial number or lot number

Certificate Type: Was there a certificate: **YES/NO**; What type was it: **Safe, Inert**, etc.

Certificate Information: All Information that is on certificate

Custodian's Name: Name of organization that turned the property in

Custodian's Address: Address and location of the organization

Generator's Name: Name of organization responsible for incident

Generator's Address: Address and location of Generator

BC Notification: Was Base Commander notified: **Yes/No**

BC Name: Base Commander's name

BC Address: Base Commander's address and location

BC Phone No.: Base Commander's phone number (Commercial or DSN)

DRMO Involved: Was DRMO involved: **Yes/No**

DRMO Name: Name of DRMO

DRMO POC: Point of Contact at DRMO